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DL  
10-17-03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "A"

APPLICANT: Christer STRÖM

GROUP ART UNIT: 3761

SERIAL NO.: 09/922,504

EXAMINER: M. Mendoza

FILED: August 3, 2001

CONFIRMATION NO.: 8832

TITLE: "VENTILATOR"

**MAIL STOP NON-FEE AMENDMENT**

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

**RECEIVED**  
OCT 17 2003  
TECHNOLOGY CENTER R3700

S I R:

In response to the Office Action dated July 16, 2003 Applicant herewith amends the application as follows.

TELEPHONE (312) 258-5500



**SCHIFF HARDIN & WAITE**

PATENT DEPARTMENT  
6600 SEARS TOWER  
233 SOUTH WACKER DRIVE  
CHICAGO, ILLINOIS 60606

3761

In re application of: Christer Ström  
Serial No.: 09/922,504  
Filed: August 3, 2001  
For: VENTILATOR

CONFIRMATION NO.: 8832

GROUP ART UNIT: 3761

EXAMINER: M. Mendoza

**AMENDMENT "A"**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

**RECEIVED**  
OCT 17 2003  
TECHNOLOGY CENTER R3700

CLAIMS AS AMENDED							
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE	
TOTAL CLAIMS	* 14	MINUS	** 20	X 0	( ) X 9.00 ( ) X 18.00	\$0.00	
INDEP. CLAIMS	* 2	MINUS	3	X 0	( ) X 42.00 ( ) X 84.00		
Application amended to contain any multiple dependent claims not previously paid for.				( ) YES ( ) NO	( ) \$135.00 ( ) \$270.00 ONE TIME		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00	

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated \_\_\_\_\_ for \_\_\_\_\_ months so that the period for response is extended to \_\_\_\_\_. A check in the amount of \$\_\_\_\_\_ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached.
- ☐ A check for \$\_\_\_\_\_ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$\_\_\_\_\_ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5785.

SCHIFF HARDIN & WAITE (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 10, 2003.

10

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

October 10, 2003

DATE